

PV

BATCH #		
AGY.	-	NUMBER
TR		
SCHEDULED PAY DATE		
	COUNTY	STATE

DEPARTMENT, AGENCY, BOARD OR COMMISSION
EMPLOYEE'S HEADQUARTERS
EMPLOYEE'S RESIDENCE

DESTINATION: CITY/TOWN	COUNTY	STATE
PURPOSE OF TRAVEL		

DATE		↓	POINT TO POINT	RETURN	TRANSPORTATION					LODGING AMOUNT (RECEIPT REQUIRED)	MEALS & INCIDENTAL EXPENSES				OTHER EXPENSES (NOT RELATED TO TRANS.)		PER DIEM FOR BOARD OR COMM.		
YEAR					DEPART	TIME	AUTOMOBILE		OTHER			PER DIEM (M & IE)				Receipts - See Section 40.15			
2005							Rate	0.36 Per mile	(TOLLS, PARKING, ETC)			CHECK (X) MEALS EXCLUDED				ITEM		AMOUNT	
MONTH	DAY	TIME	TRAVELED	TIME	MILES	AMOUNT	ITEM		AMOUNT		B	L	D		ITEM	AMOUNT	MEMBERS ONLY		
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Cost Center					Fund Ledger	0	0.00		0.00	0.00				0.00		0.00	0.00		

FUND	AGY	ORG	APPR	REPT. CATG.							
				In-State	4270 \$ _____	4271 \$ _____	4272 \$ _____	4273 \$ _____	4274 \$ _____	Misc.Exp. _____ \$ _____	3890 97 \$ _____
				Out-of-State	4380 \$ _____	4381 \$ _____	4382 \$ _____	4383 \$ _____	4384 \$ _____	Misc.Exp. _____ \$ _____	
ADVANCE CODING					Non-State	4970 \$ _____	4980 \$ _____	4980 \$ _____	4980 \$ _____	Misc.Exp. _____ \$ _____	

ADVANCE CODING

_____ \$ _____

ADVANCE # _____

PV _____

PLEASE INCLUDE COST CENTER AND FUND LEDGER WHERE INDICATED

I certify that the above out-of-state travel expenditures are within the specified limits.

(SIGNATURE OF TRAVELER)

(DATE)

(SIGNATURE OF SUPERVISOR)

(DATE)

(SIGNATURE OF AUTHORIZED OFFICIAL)

(DATE)

TOTAL CLAIMED	0.00
LESS ADVANCE	
PER DIEM ADJ	
BALANCE DUE	